

Health System Assessment Approach: Taking the temp of the health system

USAID/Global Health Bureau Mini-University 2008
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Abt Associates Inc.

In collaboration with:


| Aga Khan Foundation | BearingPoint | Bitrán y Asociados
| BRAC University | Broad Branch Associates | Forum One
Communications | RTI International | Tulane University
School of Public Health | Training Resources Group

Session Objectives

- Introduce systematic approach to
 - Assess a country's health system
 - Recommend health systems strengthening activities
- By the end of the session participants will
 - Develop understanding of the *Health Systems Assessment Approach: A How-To Manual*
 - Practice using approach in a country situation

Session Agenda

- Welcome (5 min)
- Overview of *Health Systems Assessment Approach* (10 min)
- Using the tool to assess a country's performance – small group exercise (25 min)
- Report out top recommendation (10 min)
- Actual country recommendations (10 min)
- Invitation for feedback/Adjourn



Overview of the *Health Systems Assessment Approach*

Why a health system assessment tool?

- Increased attention on health systems
- Big unclear concepts; “black box”
- Bridge knowledge gap between health generalists and health system specialists
- Existing tools (in early 2005) did not offer rapid, comprehensive health systems assessments
 - Some focused on profiles (PAHO, European Observatory)
 - None allowed for integration across health systems functions and included guidance to develop recommendations

Tool Development Partners

- USAID/Global Health
- PHR*plus* (now Health Systems 20/20)
- RPM*plus* (now Strengthening Pharmaceutical Systems)
- QAP (now Health Care Improvement)
- Input from various external reviewers

What's the Value Added?

Value added of the Manual:

- Comprehensive
- Systematize and consolidate expertise
- Demystify “health systems strengthening”

Value added of the Assessment Approach:

- Inform stakeholders of critical systems strengths and constraints
- Rapid
- Help prioritize interventions
- Create consensus and momentum to act

What is inside?

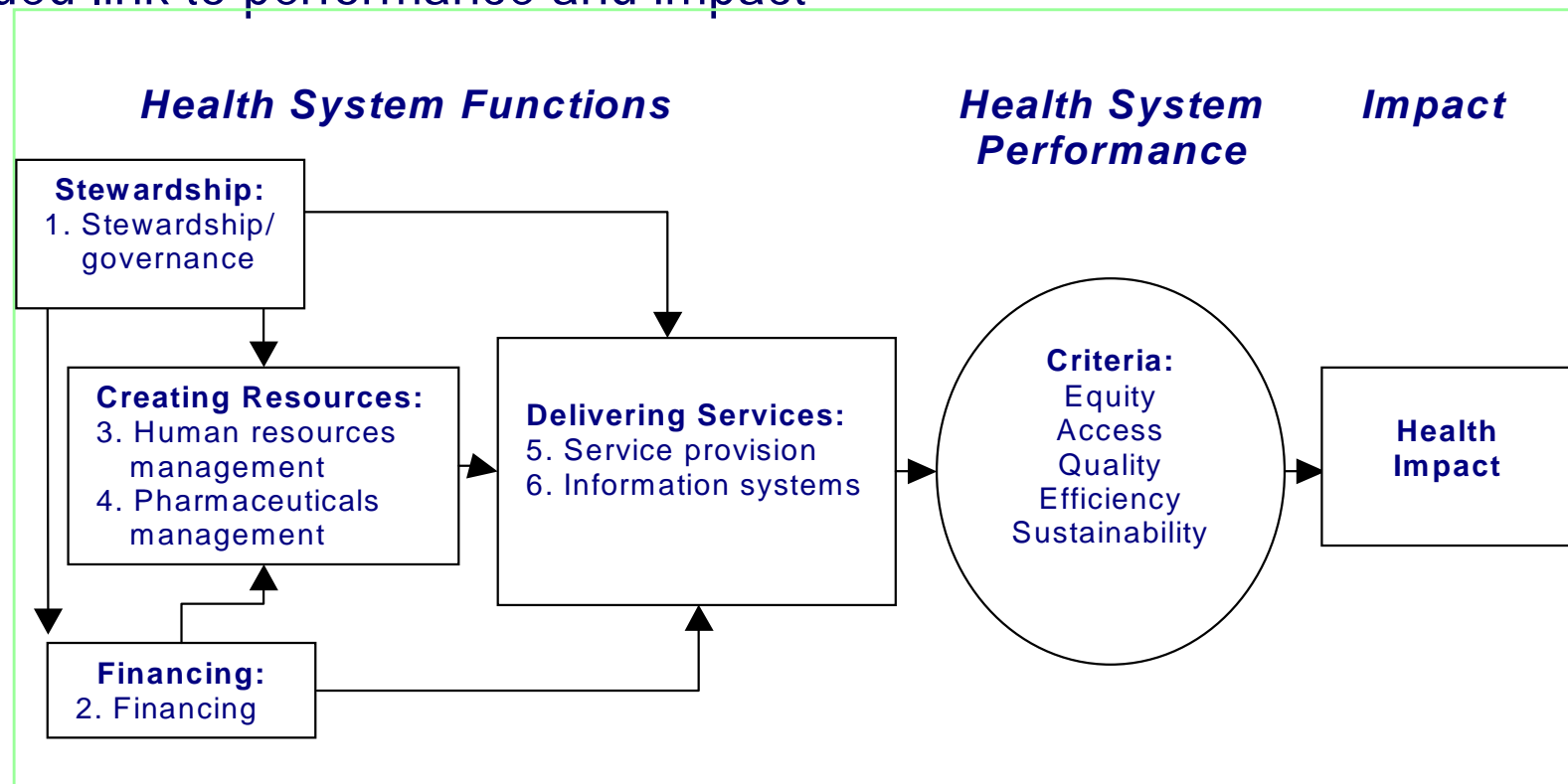
- Tutorial on health systems strengthening
- Planning and conducting the assessment
 - Defining the scope of the assessment
 - How to organize the assessment team
 - Sample scopes of work, budget, schedule,
- Synthesizing findings, developing recommendations
- 6 Technical Modules

Conceptual Framework

Drilled down into each function to structure assessment approach

Private sector included in all functions

Added link to performance and impact



Overview of Approach

Technical Modules:

Core (mandatory)

1. Governance
2. Health Financing
3. Human Resources
4. Pharmaceutical Managmt.
5. Service Delivery
6. Health Information System

Performance Assessment:

- Equity
- Access
- Quality
- Efficiency
- Sustainability

Recommend Priority Interventions

Identification of Health System Strengths/Weaknesses



Each Technical Module Contains...

- Tutorial on the health system function
- Desk-based assessment:
 - Standardized indicators across countries
 - Data available electronically on *Health Systems Database*:
<http://healthsystems2020.healthsystemsdatabase.org/>

Health Systems Database

| Health Systems data | Country level data | | Average value of regional comparator | | Average value for income group comparator | | |
|--|--------------------|--------------|--------------------------------------|--------------|---|--------------|--|
| | Benin | Year of Data | Sub-Saharan Africa | Year of data | Low income | Year of data | Source of data |
| Core Module | | | | | | | |
| Population, total | 8,177,208 | 2004 | 15,439,321 | 2004 | 43,077,991 | 2004 | The World Bank-World Development Indicators-2006 |
| Population growth (annual %) | 3.21 | 2004 | 2.16 | 2004 | 2.28 | 2004 | The World Bank-World Development Indicators-2006 |
| Rural Population | 54.66 | 2004 | 62.58 | 2004 | 68.6 | 2004 | The World Bank-World Development Indicators-2006 |
| Urban Population (% of total) | 45.34 | 2004 | 37.42 | 2004 | 31.4 | 2004 | The World Bank-World Development Indicators-2006 |
| Contraceptive prevalence (% of women ages 15-49) | 18.6 | 2001 | 16.07 | 2001 | 19.21 | 2001 | The World Bank-World Development Indicators-2006 |
| Fertility rate, total (births per woman) | 5.7 | 2004 | 5.19 | 2004 | 5 | 2004 | WHO-The World Health Report-2006 |
| Mortality rate, infant (per 1,000 live births) | 89.6 | 2004 | 92.24 | 2004 | 86.41 | 2004 | The World Bank-World Development Indicators-2006 |
| Mortality rate under-5 (per 1,000) | 152 | 2004 | 149.43 | 2004 | 135.54 | 2004 | The World Bank-World Development Indicators-2006 |
| GDP per capita (constant 2000 US\$) | 327.55 | 2004 | 931.54 | 2004 | 342.26 | 2004 | The World Bank-World Development Indicators-2006 |

Indicator Specifics in Each Module

For each indicator, the following information is provided:

- Definition
- Rationale
- Interpretation
- Suggested data sources
- Stakeholders to interview
- Links to other modules on cross-cutting issues
- Issues to explore
- Notes and caveats

Tool Provides Strategy for Synthesizing Findings and Recommendations



- For each module
 - Formats to summarize findings
 - Solutions to consider
- Across modules – analysis and prioritization
 - SWOT, root cause analysis, donor mapping
 - Integrated recommendations
- Validation of conclusions and recommendations through stakeholder workshop
- Refine and finalize findings based on feedback

Documented use of the Tool to date

| Countries | Audience | Objectives |
|-----------------|---------------------------|--|
| Azerbaijan 2005 | USAID | Input into pharmaceutical management |
| Angola 2005 | USAID | Input for health programming |
| Benin 2006 | MOH | Input for 5-year prioritization strategy |
| Pakistan 2006 | USAID | Priority for health system activities |
| Yemen 2006+ | MOH | Framework health sector review |
| Malawi | USAID | Input into bilateral design |
| Ghana | USAID | Input into assessment of insurance |
| S. Sudan 2007 | MOH | Input into GAVI HSS proposal |
| Vietnam 2008 | PEPFAR | District performance assessment |
| Namibia 2008 | MOH | Adapted for health sector review |
| Nigeria 2008 | Secretary of Primary Care | State performance assessment |

Feedback from users

- “It helped me think through or think differently about various aspects of the health system.”
- “I was able to be more comprehensive.”
- “I used it as a guide, more informally, and as a reference.”
- “Even the areas that one has no information about--it is useful to understand what is not known. Just the fact that key information cannot be quickly obtained from key individuals can be very telling.”
- “The tool provided me with a framework to structure and analyze the data I was collecting. It helped me produce a more thoughtful report.”



Using the *Health Systems Assessment Approach* to assess Benin's health systems performance

Small Group Exercise



Situation – Benin plans to apply for GF health system strengthening grant

- You are part of a Benin health system assessment team collecting data on the country's health system
- Your sub-team, composed of both in-country and expat experts, is responsible for assessing the function (Flip Chart page nearest you)
- You have returned from your field visits within Benin and are now reviewing your data:
 1. Statistics from Health Systems database
 2. Summary of Benin data from 2006 assessment report

Exercise – 25 minutes

Individually review data (5 min)

Discuss / agree

- Major strengths of your functional area
- Major weaknesses of your functional area
- What opportunities do you see for your functional area in strengthening Benin's Health System
- What would be your top recommendation?
- Capture ideas on flipchart
- Take 25 minutes for entire task

Benin Team Report Out

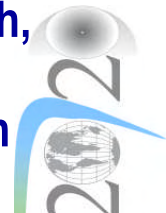
- You have completed the assessment of your health system function and must present your top recommendation to the Minister of Health at a stakeholder workshop **TOMORROW**
- 1 minute to share recommendation
- Bonus for cutting across multiple functions

Rapid Assessment of Benin's Health System Actual Findings and Recommendations

August 2006

Mission USAID : Grâce Adeya, Alphonse Bigirimana, Karen Cavanaugh,
Lynne Miller Franco

In collaboration with the Technical Committee of the Ministry of Health
established by Ministerial order No.1268



Health system strengthening options:

■ Transparency and accountability.

- Strengthen the **COGECS** (community health management committees) through training and other steps to help them to carry out their supervision mission more effectively
- Strengthen the **Consumer Defense League** by defining consumer rights in health;
- Create an **enabling environment** that publicly identifies cases of corruption, abuse, violation of professional codes, cases of impunity, etc.

Health system strengthening options:

- Strengthen role of **Inspector General** with independent authority and incentives to use this authority.
- Publish comprehensive book of **health laws and regulations**. Share widely.
- Expand **private sector** engagement in the health system (beyond providers to all those interested in health system performance).

Health system strengthening options:

- Use **contracts** with explicit expectations for transfer of funds between levels.
- Structure **human resource** incentives and sanctions that foster desired behaviors.
- Clarify the organization of the health **service delivery model**.
 - Share vision of how health services are expected to be delivered (which facilities do what; which workers do what)

Health system strengthening options:

- Improve health service **access for the poorest**
 - Seek other ways to use **Indigent Fund**
 - Financing *mutuel* membership for the poorest
 - Reimbursing private facilities for serving the poorest.
 - **Lift user fees** for key services (assisted deliveries, cesarians) in areas of extreme poverty or nationally, following analysis of real costs and financing options.

Health system strengthening options:

- Improve effectiveness of health spending
 - Develop allocation criteria:
 - Criteria such as population, poverty rate, prospects for generating local revenues, rural:urban mix, specific needs.
 - Explore possibility of reorienting unusually high pharma spending
 - This would require in-depth study to understand actual spending patterns.

Health system strengthening options

d1

- *Increase public spending on health*
 - Considering :
 - Direct increase in government budget share & level
 - Specific taxes, such as tobacco, alcohol.
 - World Bank write-off of Benin' debt should allow country to invest more heavily in health.

Slide 27

d1

Should there be a "(3)" on this slide?

dclendenning, 8/31/2006

We are convinced that:



Benin has the opportunity to make a great leap forward in health – the structures, policies and regulations are all in place – They simply need to be operationalized.

We welcome your feedback

<http://www.healthsystems2020.org/content/resource/detail/528/>

- Overall observations about the assessment tool?
- Challenges / factors in making recommendations?
- Imagine doing an assessment like this in a country setting – what do you see as essential elements / steps that you think should be part of the process?
- What did you need more of in order to come up with informed recommendations?
 - What levels of information would have been useful?
- What kinds of applications do you see for the Health Systems Assessment tool?